

ML

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

)	
)	C
Plaintiff)	1:15-cv-07640
Steve T.)	J
Giles)	Judge Milton I. Shadur
v.)	Magistrate Judge Jeffrey Cole
)	
Defendant)	
State of)	
Illinois)	

Complaint
See attached
Documents

RECEIVED

AUG 31 2015

THOMAS G BRUTON
CLERK, U S DISTRICT COURT

DEAR YOUR HONOR MY NAME IS STEVE GILES BACK BEFORE I WAS LEGALLY ADOPTED MY NAME WAS STEVE HARALSON. WHY IM IN COURT IS BECAUSE AS A WARD OF THE STATE, A CHILD I WAS PLACED IN A HOME THAT I WAS NEGLECTED, ABUSED, AND MOLESTATED. AS I GROWN OLDER AND LEARNED ABOUT CIVIL RIGHTS, I FOUND OUT THAT THE STATE TRY TO COVER UP THE TRUTH ABOUT IT. IT A LONG STORY SO YOU WILL HAVE TO BEAR WITH ME. IT ALL STARTED AS A CHILD THE ABUSE STARTED LONG BEFORE THEY EVEN FOUND OUT. JAN 1999 I WAS DIAGNOSED WITH BIPOLAR DEPRESSION BUT I WAS DEPRESSED WAY BEFORE THAT. THE BEATENS AND MOLESTATION CAUSE ME TO TRY TO GET ATTENTION TO PEOPLE TO KNOW I WASN'T BEING TREATED LIKE A CHILD INSTEAD LIKE A SLAVE AND ANIMAL. I ONLY GOT TO GO TO SCHOOL AND AFTER THAT CLEAN THE HOUSE NO WORLD DIDN'T NO ANYTHING WHEN I TRIED TO RUN AWAY. MOLESTATION STARTED WHEN I WAS ONLY 8 YEARS OLD. IT HAPPENED BY MY STEP MOTHER WHICH IS EDWINA GILES NEPHEW WHICH NAME IS ZANN GORDON. I NOTIFIED MY STEP ABOUT IT TO. THE BEATENS STARTED EVERY SINCE I WAS REAL YOUNG CAUSE I WAS HYPHER. BACK IN 1999 WHEN I WAS STILL A WARD OF. MY NAME WAS STEVE HARALSON. IT WAS 12-12-1999 IM ON MEDS AT THE TIME. I WAS MISBEHAVIN IN CHURCH MY STEP MOTHER SAW THIS. SO WHEN I GOT HOME SHE DECIDED SHE WOULD DISPLINE ME BUT THIS WAS NO ORDINARY DISPLINE SHE BEAT THE CRAP OUT ME ONCE AGAIN. NEXT WENT TO SCHOOL LONG SLEEVES BECAUSE OF THE BRUISES AND MARKS BUT TRULLY TO HIDE WHO EDWINA GILES REALLY WAS AND THAT'S PHYSCO. SO WHEN I WENT TO SCHOOL I TOLD MY FRIENDS SHE BEAT ME AND SHOWED THEM MY MARKS,. WELL WHY I WAS SHOWING MY FRIENDS MY TEACHER FOUND OUT MR. STERLING BY THE WAY THE SCHOOL NAME WAS GEORGE HOWLAND 1616 S. SPUALDING. MY TEACHER NOTIFIED THE PRINCIPLE THEY NOTIFIED THE CPD AND CFD. AND I WAS TRANSPORTED TO SAINT ANTHONY HOSPITAL 2875 W. 19TH STREET. DCFS WAS ALSO NOTIFIED THE THING THAT KILLS ME IS THE STATE COULD HAVE GIVING ME BACK TO MY MOTHER YVETTE HARALSON, BUT INSTEAD THEY LET IT CONTINUE TILL I DECIDED THE TRUTH SOULD NOT BE HIDDEN ANY LONGER. TOOK SO LONG BECAUSE LIKE I SAID DIDN'T KNOW ANYTHING ABOUT THE WORLD OR COUNTRY NOT EVEN DOWN THE STREET. I HAVE EVIDENCE THEY DON'T WANT TO BE SHARED WITH YOU CAUSE ITS IMPORTANT SO I ASK TRY TO HELP ME TELOL MY STORY. ITS NOT ABOUT THE MONEY BECAUSE MY LIFE IS DESTROYED BECAUSE OF THE STATE OF ILLINOIS. I WOULD LIKE A COPMPENSATION OF 10 BILLION DOLLARS PAIN SUFFERING CAUSE OF DISABILITY COVERING THE TRUTH CHILD NEGLECT MENTAL AS WELL AS PHYSICAL ABUSE MOLESTATION NOT BEING THERE FOR A CHILD WHEN I HAD A LOVING MOTHER WHO I BACK WITH TODAY WHO NEVER LAYED A FINGER ON ME.

Steve Giles

8/31/2015

Steve Giles (323-88-6085)

Page 5 of 5

DECISION

Based on the application for disabled child's insurance benefits filed on December 19, 2007, the claimant has been disabled under section 223(d) of the Social Security Act since January 1, 1999.

Based on the application for supplemental security income filed on December 17, 2007, the claimant has been disabled under section 1614(a)(3)(A) of the Social Security Act since January 1, 1999.

The component of the Social Security Administration responsible for authorizing supplemental security income will advise the claimant regarding the nondisability requirements for these payments and, if the claimant is eligible, the amount and the months for which payment will be made.

Medical improvement is expected with appropriate treatment. Consequently, a continuing disability review is recommended in 24 months.

A determination to appoint a representative payee to manage payments in the claimant's interest is recommended.

/s/ Arthur S Cahn

Arthur S. Cahn
Administrative Law Judge

May 21, 2010

Date

CATHOLIC HEALTH PARTNERS/SAINT ANTHONY HOSPITAL
2875 W. 19TH STREET CHICAGO, IL 60623
PHONE 773-521-1710

Pt#: 702010101

Mr#: 2559371

Pt Name HARALSON, STEVE
 Adm/Reg Date 12/13/99
 Nurs Sta:
 Room/Bed:
 Pt Age: 10
 Reg By: VESPIN

Out/In: E
 Adm/Reg Time 15:34
 Hosp Svc: EMR
 Pt Type: E = EMERGENCY
 Pt Sex: M
 OBV Placed:

Patient Demographic:

SSN:
 Address: 4934 W CRYSTAL
 State: IL
 Marital: S = SINGLE
 Religion: BAPTIST

Birthdate: 07/30/1989
 City: CHICAGO
 Zip Code: 60651
 Phone No: 773-626-0398
 Church: NO CHURCH GIVEN

Patient Employer:

Empr Name: STUDENT
 Address:
 State:
 Occupation:

City:
 Zip Code:
 Phone No: Ext

Guarantor Info:

Guar Name: GILES, EDWINA J
 Address: 4934 W CRYSTAL
 State: IL

Patient Rel: M = MOTHER
 City: CHICAGO
 Zip Code: 60651
 Phone No: 773-626-0398

Guarantor Employer:

Pt# Contact:
 Address: 940 N WOODS
 State: IL
 Ad:
 Nu:
 Rc:

Empr Name: UIC HOSPITAL
 City: CHICAGO
 Zip Code: 60622
 Phone No: Ext

Primary Contact:

Contact: GILES, LETICIA
 Address: 4934 W CRYSTAL
 State: IL
 Pat Home Phone: 773-626-0398

Patient Rel: E = AUNT
 City: CHICAGO
 Zip Code: 60651
 Work Phone: Ext

Insurance Info:

Financial Class: E = SELF PAY
 Ins Code: S01 Policy: 1111
 Subscriber: GILES, EDWINA J
 Mail Claim: SELF PAY
 City: State: Zip

Group: SELF PAY
 Desc:
 Add: Phone

Ins Code:
 Subscriber:
 Mail Claim:
 City:

Policy: Plan 2
 State: Zip: Phone:

Case Data Info:

Adm Dr Name: TALADRIZ, ARTURO
 Atn Dr Name: TALADRIZ, ARTURO
 Ref Dr Name:
 Con Dr Name:
 CCon Dr Name:
 Emr Dr Name: 103756TALADRIZ, ARTU
 Adm Source: EO = EMERGENCY OP UNIT
 Job Rel Ind:
 Adm Diag: EXAMINATION FOR PHYSICAL
 ABUSE NO ID WITH

Adm Dr No: 103756
 Atn Dr No: 103756
 Ref Dr No:
 Con Dr No:
 Con Dr No:
 Emr Dr No:
 Acc Ind:
 Org Donor?: Donor Card?:
 Adv Dir?:
 Last Adm Dt:

THIS FORM MUST REMAIN AS PART OF THE MEDICAL RECORD - PART B



**CATHOLIC
HEALTH
PARTNERS**

Saint Anthony Hospital Emergency Department
2875 West 19th Street
Chicago, Illinois 60623

PHYSICIAN DOCUMENTATION

TIME SEEN: 1615CHIEF COMPLAINT: injury to physical abuse

HISTORY OF PRESENT ILLNESS:

10/10/99 - adopted at 10/10/99 - was misbehaving at church school
on Sunday school - today teacher noticed bruising on
body so wanted it to be examined.

Review of Systems ☒ All others negative:

GEN	EYES	ENT	RESP	CV	GI	GU	NEURO	MUSCLE	SKIN
<input type="checkbox"/> Wt. Loss <input type="checkbox"/> Wt. Gain <input type="checkbox"/> Weakness <input type="checkbox"/> Fatigue <input type="checkbox"/> NOC <input type="checkbox"/> Sweats	<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Pain <input type="checkbox"/> Discharge <input type="checkbox"/> Redness <input type="checkbox"/> Photophobia <input type="checkbox"/> F/B Sensation <input type="checkbox"/> Swelling <input type="checkbox"/> Itching	<input type="checkbox"/> Sorethroat <input type="checkbox"/> Nasal <input type="checkbox"/> Disch. <input type="checkbox"/> Hoarse <input type="checkbox"/> Dysphagia <input type="checkbox"/> Ear Pain <input type="checkbox"/> Tinnitus <input type="checkbox"/> Vertigo <input type="checkbox"/> Epistaxis	<input type="checkbox"/> Dyspnea <input type="checkbox"/> Cough <input type="checkbox"/> Wheeze <input type="checkbox"/> Pleurisy <input type="checkbox"/> Sputum <input type="checkbox"/> Hemoptysis <input type="checkbox"/> TB	<input type="checkbox"/> Chest Pain <input type="checkbox"/> DOE <input type="checkbox"/> Orthopnea <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Syncope <input type="checkbox"/> Pacemaker <input type="checkbox"/> Coronary Disease <input type="checkbox"/> Valve	<input type="checkbox"/> Abd. Pain <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> GERD <input type="checkbox"/> Hematemesis <input type="checkbox"/> Bleeding	<input type="checkbox"/> Dysuria <input type="checkbox"/> Hematuria <input type="checkbox"/> Frequency <input type="checkbox"/> Flank Pain <input type="checkbox"/> Stone Hx. <input type="checkbox"/> PID Hx.	<input type="checkbox"/> Headache <input type="checkbox"/> Confusion <input type="checkbox"/> Parosmia <input type="checkbox"/> Weakness <input type="checkbox"/> Fainting <input type="checkbox"/> Seizures	<input type="checkbox"/> Joint Swell <input type="checkbox"/> Joint Red <input type="checkbox"/> Joint Pain <input type="checkbox"/> Gout Hx. <input type="checkbox"/> DJD <input type="checkbox"/> R/Rm Arth <input type="checkbox"/> Septic Joint	<input type="checkbox"/> Rash <input type="checkbox"/> Itching <input type="checkbox"/> Abscess <input type="checkbox"/> Decub <input type="checkbox"/> Breast Mass <input type="checkbox"/> Breast Discharge <input type="checkbox"/> Breast Pain

FAMILY HX:

SOCIAL HX:

PAST MEDICAL HX:

def def Hypertension - Pituitary

PHYSICAL EXAM

CONSTITUTIONAL	ABNORMALS EXPANDED
Vital signs as noted. Alert and oriented x3	
GENERAL	No meningococcal, resp distress or dehydration signs
SKIN	Warm and dry <u>upper extremities</u>
HEAD	No tenderness or signs of trauma
EYES	PERLA, EDM
EARS	Tympanic membrane without erythema or loss of landmarks
THROAT	No erythema
NECK	No jugular vein distention, Palpable masses or midline tenderness
CHEST	Clear to auscultation
CARDIOVASCULAR	RRR without murmurs, rubs or gallops
ABD	BS active, no distention, non-tender, no palpable masses
EXTREMITIES	No cyanosis, edema, Full ROM
NEURO	Cranial Nerve II - XII intact, motor and sensory intact, gait normal
LUMBAR	Full ROM, no spasms, straight leg raising test negative, lower extremity neuro WNL
NEUROVASCULAR	Intact distal to injury, two point discrimination intact
RECTAL	Normal sphincter, no masses, heme negative
GYNE	External vault, cervix normal, no discharge, bleeding, adnexal tenderness of masses

DIAGNOSIS:

Multiple erythemas on back/abdomen, legs, alleged belly wound

COURSE IN THE ED:

12/13/99
Physician Signature / Print [Signature] Date 12/13/99 Time 1615



**CATHOLIC
HEALTH
PARTNERS**

EMERGENCY ROOM DISCHARGE INSTRUCTIONS RECORD

ATTENTION: Please follow only the instructions marked with an X or a ✓

SAH 702010101 2559371

WARALSON, STEVE

TALADRIZ, ARTURO

TALADRIZ, ARTURO

EMR M 10 103756

07/30/1989 121399

WOUND CARE

- Keep the wound clean and dry.
- Elevate the wound to help relieve soreness and speed healing.
- If the wound or surrounding area becomes red, swollen, or shows pus (discharge) or red streaks, or feels more painful, report to your physician or return to the Emergency Department immediately.
- If you have received stitches, they should be removed in _____ days.

SPRAINS, FRACTURE, SEVERE BRUISES

- Elevate the injured part.
- If an arm, hand or finger is injured, remove all rings from that hand.
- If the leg or foot is injured, use a cane or crutches as directed.
- Apply ice packs intermittently to injury for the first 48 hours. (Place ice in plastic or rubber bag and cover with towel.)
- Elastic bandages may be rewrapped if too tight or too loose.
- If the injured part becomes numb, cold, blue or painful, have it examined by your physician or return to the Emergency Department immediately.

SPLINT CARE

- Keep the splint elevated for 24 - 48 hours.
- No weight bearing. Use crutches as indicated.
- Keep the splint dry at all times.
- Do not insert anything inside the splint, or attempt to trim or fix the splint yourself.
- Contact your physician or return to the Emergency Department immediately if any of the following occur: excessive pain, swelling, numbness, or cold or blue fingers or toes.
- Follow-up with Orthopedic MD as indicated.

Prescription: _____

☐ Medication may cause drowsiness

Other Instructions: _____

BACK AND NECK SPRAINS

- Rest as much as possible until improved.
- Lie on a firm mattress or a padded floor.
- When lying on your back or side, keep knees bent. Do not lie on your stomach.
- Apply mild heat to the area intermittently.
- Take medications for pain and muscle spasm if prescribed.
- Avoid lifting, bending or stooping while pain persists.
- Contact your doctor or return to the Emergency Department immediately if you note any of the following: pain shooting down your leg or arm, muscle weakness or numbness of the arms or legs, or loss of bowel or bladder function.

HEAD INJURY OR HEADACHE

- Observe the patient carefully for the next 48 hours. Return to the Emergency Department immediately if any of the following occur:
- Persistent vomiting, stiff neck, or fever
- Confusion, disorientation or dizziness
- Unusual drowsiness or inability to arouse the person
- Unequal sized pupils (black circles in center of eyes)
- Difficulty or inability to use legs or arms, areas of numbness, unsteady walking
- Difficulty with or garbled speech
- Severe headache, convulsions or seizures

GASTROENTERITIS (Stomach Flu)

- Rest in bed as much as possible
- Drink plenty of fluids. For the first 24 hours take only clear liquids such as juice, jello, clear soup, Gatorade, tea, or Pedialyte. For the second 24 hours avoid dairy products and fatty foods. Eat only soft foods such as cooked cereal, soups, toast and crackers.
- Seek medical attention if diarrhea or vomiting persists, bloody stools appear, or temperature rises above 102° F.

☐ May return to work with no limitations

☐ May return to work with the following limitations: Describe _____

☐ Return to work in _____ days

☐ Return to work to be obtained from referral physician.

YOUR X-RAYS

You have been given a preliminary interpretation of your x-rays. A final evaluation and report will be made by the radiologist. If the interpretation of the radiologist differs from that which you received in the Emergency Department and you require additional care, either you or your physician will be notified by telephone or mailgram.

URINARY INFECTIONS

- Take the antibiotics prescribed until finished. In addition, you may take tylenol as directed for fever.
- Drink plenty of fluids, especially juices.
- Call your doctor immediately or return to the Emergency Department if any of the following occur: fever, backache, vomiting, your symptoms get worse or you are not feeling better in two to three days.

FEVER CONTROL FOR CHILDREN

- Remove as much of the child's clothing as possible.
- Encourage child to drink clear liquids.
- Take the child's temperature at least every four hours. (Normal temperature: oral - 98.6° F, rectal 99.8° F)
- For fever above 102° rectally or 101° orally, give your child tylenol as instructed.

Other instruction sheets given:

- ☐ Vomiting/Diarrhea
- ☐ Febrile Convulsions
- ☐ Coughs/Colds
- ☐ Child Fever
- ☐ FX'S & Sprains
- ☐ Abdominal Pain
- ☐ Asthma
- ☐ Chest Pain
- ☐ Headache
- ☐ Eye Injuries
- ☐ Head Injury
- ☐ Spanish Instructions Given
- ☐ Other: _____

FOLLOW-UP INSTRUCTIONS

Follow up with Emergency Department or HMO/ PPO for _____

☐ Wound check in _____ days

☐ Suture removal in _____ days

☒ Call your referral physician within _____ days

Name: _____

Phone #: _____

I HEREBY ACKNOWLEDGE RECEIPT AND UNDERSTANDING OF INSTRUCTIONS INDICATED ABOVE. I UNDERSTAND THAT I MAY HAVE HAD INITIAL TREATMENT ONLY AND WILL ARRANGE FOR FOLLOW-UP CARE AS INSTRUCTED ABOVE. X

Signature of Person Giving Instructions

RD# D - 77047:11-cv-02516 Document #: 1 Filed: 04/14/11 Page 8 of 9 PageID #:8

**CATHOLIC
HEALTH
PARTNERS****St. Anthony Hospital
E. D. Medical Record**Acuity
1 (2) 3E.R. Location
61

DATE: 12/13 TRIAGE TIME: 1520 TIME TO ED: 1615

Police Beat: 10063

Family Notified

Police Notified

☐ Yes ☐ No☒ Yes ☐ No

Patient Name (First, Last, MI.)

STEVE HARALSON

Age

10

Sex

☒ M ☐ FH.M.O. ☐ Denied

By:

☐ Approved

Mode of Arrival

☐ Walked☐ W/C ☐ Ambulance

Patient's Physician:

unf

T 99-5 P 88-23

R 23

BP

LMP

Hearing Impaired ☐ YesVisually Impaired ☐ Yes

If English is not the primary language, language spoken:

Interpreter called ☐ Yes ☐ No

Other Initials

If the Patient is injured, does the Patient state that He/She is a victim of domestic violence?

☐ Yes ☐ No

WT.

LOC.

☐ Yes ☐ No☐ Tetanus☐ Pediatric Immunization

Triage Nurse Signature

J. Samson

Chief Complaint

examination for physical abuse, (+) multiple bruises @ the back & left triceps, (+) good ROM, (+) neuro deficits

PMHx:

Hyperactive

Medications:

Ritalin

Allergies:

☐ X-Ray☐ EKG☐ ER☐ Radiologist

Time

DCES normal

Time

Initials

No time / please schedule pt to bring any further pt to Dr. Choudhry

Diagnosis

Multiple echymoses on back/arm alleged battery with

E.D. Physician-Print/Signature

Hale

Notified Patient's Physician

Physician Notified

☐ Yes ☐ No ☐ No Answer

Disposition:

☐ Admit☐ ICU/CCU☐ Telemetry☐ Med/Surg.☐ OB/GYN☐ Peds.☐ Psych☐ LWOT☐ AMA☒ Home☐ Observation Room #☐ Transfer

Referred To:

Dr. Choudhry

Date to be seen:

Time Orders

☐ CBC☐ Sma-7B☐ SMA 20☐ PT/PTT /☐ UA☐ DIPSTICK☐ UCG☐ CULTURE/SENSITIVITY☐ URINE☐ BLOOD☐ OTHER☐ AMYLASE☐ ETOH☐ UDS☐ CPK ☐ MB☐ ABG☐ SaO2☐ EKG☐☐☐

RADIOLOGY ORDERS:

☐ CHEST-PORT☐ CHEST-PALAT☐ C-SPINE LAT☐ C-SPINE SERIES☐ ANKLE R L☐ FOOT R L☐ WRIST R L☐ HAND R L☐ FINGER☐ PELVIS☐ HIP R L☐ CT☐☐ PAST MEDICAL RECORDS


**CATHOLIC
HEALTH
PARTNERS**
PRIMARY NURSE INITIAL ASSESSMENT
RESPIRATORY

- ☐ N/A
☒ Normal
☐ Labored
☐ Retractions
☐ Flaring
☐ Stridor

BREATH SOUNDS

- R ☒ Clear ☐ Rales ☐ Rhonchi ☐ Wheezes ☐ Decreased ☐ Absent
 L ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

CHEST EXPANSION

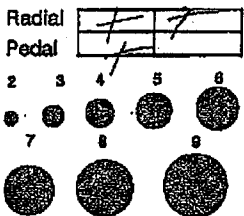
- ☐ Symmetrical
☐ Asymmetrical

CIRCULATION

- ☐ N/A
☐ Cap Refill < 3 sec
☐ Cap Refill > 3 sec

SKIN COLOR

- ☒ Normal ☐ Cyanotic
☐ Pale ☐ Flushed
☐ Jaundice ☐ Hot
☐ Diaphoretic ☐ Mottled ☐ Cool

PULSES + - R L

NEURO

- ☐ N/A
C-SPINE PAIN/TENDER
☐ Yes ☐ No

LEVEL OF CONSCIOUSNESS

- ☐ Alert ☐ Playful
☐ Crying ☐ Confused
☐ Combative ☐ Lethargic

RESPONDS TO:

- ☐ Verbal ☐ Pain ☐ Unresponsive

ORIENTATION

- ☐ Person ☐ Place ☐ Time
☐ Circumstance

PUPILS ☐ N/A

L _____ mm R _____ mm

- R L
☐ Reactive
☐ Fixed
☐ Dilated
☐ Constricted
☐ Brisk
☐ Sluggish

ABD ASSESSMENT

- GI ☐ N/A
☐ Last B.M. _____
☐ Diarrhea ☐ Constipation
☐ Nausea ☐ Vomiting
☐ Anorexia ☐ Wt. loss

ABDOMEN

- ☐ Non-tender ☐ Distended
☐ Tender _____
☐ Soft

BOWEL SOUNDS

- ☐ Present ☐ Absent
 G.U. ☐ N/A
☐ Dysuria ☐ Discharge
☐ Hematuria ☐ Frequency

ORTHO ☐ N/A

- ☐ CMS Intact
 PMT: _____
☐ Swelling ☐ Limited ROM
☐ Deformity ☐ Ecchymosis

VENT SETTINGS

Time _____ Settings _____

BLADDER/CATHETER TIME

- Size: _____
☐ Straight ☐ Foley
☐ Coude ☐ Leg Bag
 Appearance _____
 Initial Output _____

Initial Assessment RN Signature _____

NURSING ASSESSMENT AND DIAGNOSIS

- ☐ Alteration in Breathing R/T _____
☐ Alteration in Comfort R/T _____
☐ Alteration in Fluid/Electrolyte Balance R/T _____
☐ Alteration in Hemodynamic Status/Tissue Perfusion R/T _____
☐ Alteration in Mental Status R/T _____
☐ Alteration in Skin Integrity R/T _____
☐ Impairment of Mobility R/T _____
☐ Infection R/T _____
☐ Injury to Self/Others R/T _____
☐ Knowledge Deficit R/T _____
☐ Other _____

Time	PROCEDURES
_____	ET # _____ Nasal _____ Oral _____
_____	Cricotracheal _____ # _____

EYE IRRIGATION
☐ Amount _____ ☐ Morgan Lens ☐ R ☐ L

NG TUBE/EWALD
 Time: _____ Size: _____
 Appearance: _____ Suction: _____
 Initial Output: _____

RESTRAINTS Time: _____
☐ Medical Immobilization ☐ Hard (See Restraint Sheet)

Time	Vital Signs				SaO2	Pain	Rhythm	Medication/Routes	Nursing Documentation
	T	P	R	BP	O2	0/10			
6:00									to RN 6 prepared for
									room
									Seen & examined by
									PA. Canine
6:05									Di's change not giving
									ans - verbalize under
									standing
									fel

Time	IVs #	I.V. Solutions	Site & Size	Rate	Blood Products	Blood Loss
					Blood (Auto)	Chest Tube
					IV	Urine
					PO	NG/Emesis
					Total Intake	Total Output

PERSONAL BELONGINGS/VALUABLES:

- ☐ Kept by Patient
☐ Sent Home With Family
☐ Sent to Registration Receipt # _____

DISPOSITION

Transfer to: _____
 Report called by: _____
 Report received by: _____

Initials _____

Signatures _____